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## UTILITY PATENT APPLICATION **TRANSMITTAL**

| Attorney Docket No.    |                       | 9  |
|------------------------|-----------------------|----|
| First Inventor         | LIU, QING             | PT |
| Title                  | COMPUTER INPUT DEVICE | S. |
| Express Mail Label No. |                       |    |

| (Only for n                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ew nonprovisional applications under 37 CFR 1.53(b))                                                                                                                                                                                                                                           | Express Mail Label No.                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                        |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| See MPEP c                                                                                                                                                                                                                                                                                                                                                                                                                                                                | APPLICATION ELEMENTS hapter 600 concerning utility patent application contents.                                                                                                                                                                                                                | ADDRESS TO:                                                                                                                                                                                                                     | Mail Stop Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria VA 22313-1450                                                                                                                                                                  | 00 |
| (Submit 2.  Applica See 37  Specific (preferre - Descri - Cross - Staten - Refere or a cc - Backg - Brief D - Detaille - Claim(                                                                                                                                                                                                                                                                                                                                           | ed arrangement set forth below) iptive title of the invention Reference to Related Applications nent Regarding Fed sponsored R & D ence to sequence listing, a table, imputer program listing appendix iround of the Invention Summary of the Invention Description of the Drawings (if filed) | Computer Progra  8. Nucleotide and/or An (if applicable, all nece a. Computer I  b. Specificati i. CD-F  ii. Pape  c. Statement                                                                                                 | nino Acid Sequence Submission essary) Readable Form (CRF) on Sequence Listing on: ROM or CD-R (2 copies); or                                                                                                                                                           |    |
| 4. Drawin 5. Oath or Decl a. Nev b. Cop (for i. S                                                                                                                                                                                                                                                                                                                                                                                                                         | laration [Total Sheets                                                                                                                                                                                                                                                                         | 10. 37 CFR 3.73(b (when there is English Transl 12. Information Dis Statement (IDS 13. Preliminary An 14. Return Receip (Should be specified Copy (if foreign prior Nonpublication (b)(2)(B)(i). Ap or its equivaler 17. Other: | an assignee) Attorney ation Document (if applicable) sclosure Copies of IDS S)/PTO-1449 Citations nendment at Postcard (MPEP 503) ecifically itemized) of Priority Document(s) rity is claimed) n Request under 35 U.S.C. 122 epilicant must attach form PTO/SB/35 nt. |    |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:  Continuation  Divisional  Continuation in-part (CIP)  of prior application No.:                                                                                                                                                                |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                        |    |
| Prior application information:  Examiner  For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.  The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                        |    |
| 19. CORRESPONDENCE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                        |    |
| Custom                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ner Number:                                                                                                                                                                                                                                                                                    | OR                                                                                                                                                                                                                              | Correspondence address below                                                                                                                                                                                                                                           |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Lio, Qiivo                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                        |    |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 38 SOUTH BROADWAY                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                        |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAIRLAWN                                                                                                                                                                                                                                                                                       | State NJ                                                                                                                                                                                                                        | Zip Code 07410                                                                                                                                                                                                                                                         |    |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                | Telephone 201-791-6891                                                                                                                                                                                                          | Fax                                                                                                                                                                                                                                                                    |    |
| Name (Print/Type) LIU, QING Registration No. (Attorney/Agent)                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                        |    |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Organ                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                 | Date 11/14/2003                                                                                                                                                                                                                                                        | _J |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Telephone 201-791-6891

11/14/2003

Complete if Known

11/14/2003

LIU, QING

PTO/SB/17 (10-03)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**Application Number** 

First Named Inventor

**Examiner Name** 

Filing Date

| FEE | TR  | AN | SMI | T | TAL |
|-----|-----|----|-----|---|-----|
|     | for | FY | 200 | 4 | *   |

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

LIU, QING

Name (Print/Type)

Signature

TOTAL ARCHINT OF DAVISENT

| <br>Art Unit   |
|----------------|
| <br>Attorney D |

| TOTAL AMODITOF PATMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Attorney Docket No.                                                          |                                        |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------|--|--|
| METHOD OF PAYMENT (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FEE CALCULATION (continued)                                                  |                                        |  |  |
| Check Credit card Money Other None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | . ADDITIONAL FEES                                                            |                                        |  |  |
| Order Order                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | rge Entity   Small Entity                                                    |                                        |  |  |
| Deposit Account:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ee Fee Fee Fee Fee Description                                               |                                        |  |  |
| Deposit<br>Account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ode (\$)  Code (\$)                                                          | Fee Paid                               |  |  |
| Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 051 130 2051 65 Surcharge - late filing fee or oath                          | 1                                      |  |  |
| Deposit<br>Account<br>Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 052 50 2052 25 Surcharge - late provisional filing cover sheet               | fee or                                 |  |  |
| The Director is authorized to: (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 053 130 1053 130 Non-English specification                                   |                                        |  |  |
| Charge fee(s) indicated below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 812 2,520 1812 2,520 For filing a request for <i>ex parte</i> re             | eexamination                           |  |  |
| Charge any additional fee(s) or any underpayment of fee(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 804 920* 1804 920* Requesting publication of SIR pr                          | ior to                                 |  |  |
| Charge fee(s) indicated below, except for the filing fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Examiner action                                                              |                                        |  |  |
| to the above-identified deposit account.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 805 1,840* 1805 1,840* Requesting publication of SIR at Examiner action      | ner                                    |  |  |
| The second secon | 251 110 2251 55 Extension for reply within first m                           | onth                                   |  |  |
| FEE CALCULATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 252 420 2252 210 Extension for reply within secon                            | d month                                |  |  |
| 1. BASIC FILING FEE Large Entity Small Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 253 950 2253 475 Extension for reply within third n                          | nonth                                  |  |  |
| Fee Fee Fee Fee Description Fee Paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 254 1,480 2254 740 Extension for reply within fourth                         |                                        |  |  |
| Code (\$) Code (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              |                                        |  |  |
| 1001 770 2001 385 Utility filing fee 385                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              |                                        |  |  |
| 1002 340 2002 170 Design filing fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 401 330 2401 165 Notice of Appeal                                            | <del></del>                            |  |  |
| 1003 530 2003 265 Plant filing fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 402 330 2402 165 Filing a brief in support of an ap                          | peal                                   |  |  |
| 1004 770 2004 385 Reissue filing fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 403 290 2403 145 Request for oral hearing                                    |                                        |  |  |
| 1005 160 2005 80 Provisional filing fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 451 1,510 1451 1,510 Petition to institute a public use                      | proceeding                             |  |  |
| SUBTOTAL (1) (\$) 385                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 452 110 2452 55 Petition to revive - unavoidable                             |                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 453 1,330 2453 665 Petition to revive - unintentional                        |                                        |  |  |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 501 1,330 2501 665 Utility issue fee (or reissue)                            |                                        |  |  |
| Ext <u>ra Claims</u> below Fee Paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 502 480 2502 240 Design issue fee                                            |                                        |  |  |
| Total Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 503 640 2503 320 Plant issue fee                                             |                                        |  |  |
| Independent Claims - 3** = X = =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 460 130 1460 130 Petitions to the Commissioner                               |                                        |  |  |
| Multiple Dependent =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 807 50 1807 50 Processing fee under 37 CFR 1                                 | .17(q)                                 |  |  |
| Large Entity   Small Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 806 180 1806 180 Submission of Information Discl                             | osure Stmt                             |  |  |
| Fee Fee Fee Fee <u>Fee Description</u> Code (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8021 40 8021 40 Recording each patent assignm                                | ent per                                |  |  |
| 1202 18 2202 9 Claims in excess of 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 809 770 2809 385 Filing a submission after final re                          | , ———————————————————————————————————— |  |  |
| 1201 86 2201 43 Independent claims in excess of 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (37 CFR 1.129(a))                                                            | Jecuon                                 |  |  |
| 1203 290 2203 145 Multiple dependent claim, if not paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 810 770 2810 385 For each additional invention to examined (37 CFR 1.129(b)) | be                                     |  |  |
| 1204 86 2204 43 ** Reissue independent claims over original patent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1801 770 2801 385 Request for Continued Examin                               | ation (RCE)                            |  |  |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1802 900 1802 900 Request for expedited examina of a design application      | ation                                  |  |  |
| (A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Other fee (specify)                                                          |                                        |  |  |
| SUBTOTAL (2) (\$) *Reduced by Basic Filing Fee Paid CURTOTAL (a) (b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                              |                                        |  |  |
| To number previously paid, if greater, For Reissues, see above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                        |  |  |
| SUBMITTED BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (Complete (if ap                                                             | plicable))                             |  |  |

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Registration No.